Maine Chapter American College of Surgeons
NSQIP Meeting March 23, 2009

Present: Drs Cushing, Hernandez, Hopperstead, Lafleur, Steve Prato.

- Steve Prato presented an analysis of Maine hospitals' surgical case volume (Excel spreadsheet attached). The group attempted to consolidate smaller hospitals into regional "Pods" for the purposes of sharing the Surgical Clinical Nurse Reviewers (SCNR). Smaller hospitals were grouped according to region and also to provide **1200-1600** cases annually per SCNR, using the following assumptions:

- MMC, CMMC, and EMMC have already implemented NSQIP. MaineGeneral Medical Center has applied to NSQIP independently. Mercy Hospital is not eligible to participate in this project focused on smaller hospitals, due to its size.
- Hospitals enrolled in this program would abstract all qualifying cases (~75% of total)

- Six medium sized hospitals have enough surgical volume to require 1 FTE SCNR:
    - St Mary's Regional Medical Center
    - Southern Maine Medical Center
    - MidCoast Hospital (and Parkview?)
    - St Joseph's Hospital
    - Penobscot Bay Medical Center
    - York Hospital

- Three smaller hospitals have moderate volume but no ideal partner identified:
    - Goodall Hospital
    - Waldo County General Hospital
    - Aroostook Medical Center

- Smaller hospitals grouped according to region:
    - Franklin Memorial Hospital and Rumford
    - Stephens Memorial Hospital and Bridgton
    - Miles Memorial, St Andrews, and Inland Hospital
    - Maine Coast Memorial Hospital, Mount Desert Island and Blue Hill
    - Calais Regional and Down East Community
    - Penobscot Valley, Sebasticook Valley, Mayo Regional and Redington-Fairview
    - Houlton and NMMC **(2 FTEs)**

- The total number of SCNRs required is approximately **16-18** depending upon hospital participation.

- The $10,000 membership fee would be paid by each hospital particpating. In Michigan, this was offset by an additional "pay for participation" incentive from BC/BS.

- In the current economic environment, Maine hospitals would be unlikely to participate unless payors underwrite the cost of the SCNR. In Michigan, a $5 million investment resulted in about $15 million of "Shared Savings".

- We need to assess the extent of Electronic Medical Records (EMR) at each hospital. EMR would facilitate data collection.

- Three years would be required to show evidence of clinical quality improvement.

- Public reporting should be confined to hospital-specific data.

- We need an employer for the shared SNCRs. The Maine Chapter does not have the infrastucture to do so. We may be able to seek support from the three major healthcare systems, the MHMC, the MMA, Dirigo, and/or the MHA.